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UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF MISSOURI
DIVISION

Jesse Neal Killen
Doc # 1342042

(Write the full name of the plaintiff in this action.
Include prisoner registration number.)

v. Jefferson County Jail
Corrections officer Adams

(Write the full name of each defendant. The caption
must include the names of **all** of the parties.
Fed. R. Civ. P. 10(a). Merely listing one party and
writing "et al." is insufficient. Attach additional
sheets if necessary.)

Case No: _____
(to be assigned by Clerk of District Court)

Plaintiff Requests Trial by Jury
☒ Yes ☐ No

PRISONER CIVIL RIGHTS COMPLAINT UNDER 42 U.S.C. § 1983

NOTICE:

Federal Rule of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should not contain: an individual's full social security number or full birth date, the full name of a person known to be a minor, or a complete financial account number. A filing may include only: the last four digits of a social security number, the year of an individual's birth, a minor's initials, and the last four digits of a financial account number.

Except as noted in this form, plaintiff should not send exhibits, affidavits, witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed without prepayment of fees and costs.

I. The Parties to this Complaint

A. The Plaintiff

Name: Jesse Noel Killian

Other names you have used: _____

Prisoner Registration Number: 1342042

Current Institution: Eastern Reception and Diagnostic and Correctional Center

Indicate your prisoner status:

<input type="checkbox"/> Pretrial detainee	<input checked="" type="checkbox"/> Convicted and sentenced state prisoner
<input type="checkbox"/> Civilly committed detainee	<input type="checkbox"/> Convicted and sentenced federal prisoner
<input type="checkbox"/> Immigration detainee	<input type="checkbox"/> Other (explain): _____

B. The Defendant(s)

To the best of your knowledge, give the information below for each defendant named in the caption of this complaint. Make sure the defendant(s) named below are the same as those listed in the caption of this complaint. Attach additional pages if necessary.

For an individual defendant, include the person's job title, and check whether you are suing the individual in his or her individual capacity, official capacity, or both.

Defendant 1

Name: Adams (Last Name, Don't know first name)

Job or Title: Corrections officer

Badge/Shield Number: _____

Employer: Jefferson County Jail

Address: 729 Maple Street, Hillsboro, MO 63050

☒ Individual Capacity ☒ Official Capacity

Defendant 2

Name: Jefferson County Jail

Job or Title: Detention Center (For Adults)

Badge/Shield Number: _____

Employer: Jefferson County

Address: 729 Maple Street Hillsboro, MO 63050

☐ Individual Capacity ☒ Official Capacity

II. Statement of Claim

Type, or neatly print, a short and plain statement of the **FACTS** that support your claim(s). For every defendant you have named in this complaint, you must state what he or she personally did to harm you. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Do not make legal arguments, or cite court cases or statutes. You may attach additional pages if necessary.

Your statement of claim must include all of the following information:

1. What happened to you? -
2. When did it happen? -
3. Where did it happen? -
4. What injuries did you suffer? -
5. What did each defendant personally do, or fail to do, to harm you? -

On Approximately the last week of October 2018
I was in a suicide camera cell Cell # 215 in Booking
I was trying to swallow a foreign object of metal to
commit suicide When Co Adams grabbed me & elbowed me
in the Mouth & busted My lip My tooth also cut the inside
of my lip & After getting me out of that cell in between cell
214 & 215 he elbowed me again & cut another spot of the
inside of My lip with Another tooth.

III. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

Busted lip, 2 cuts to the inside of my lip by a different team. They never gave me Medical Treatment, they only took pictures of my mouth. When I showed a nurse 2 weeks later the LPN told me I should have got stitches but the wounds were already almost healed.

IV. Relief

State briefly and precisely what you want the Court to do for you. Do not make legal arguments. Do not cite any cases or statutes. If you are requesting money damages, include the amounts of any actual damages and/or punitive damages you are claiming. Explain why you believe you are entitled to recover those damages.

I want \$3,000,000.00 - 3 million Dollars in Punitive Damages Because I never Received Medical treatment It took 2 weeks For them to Triage me, & Because I Requested in a separate Cheekpiece A Request to have copies of the Photos taken by a Coronal & A copy on a flash drive of the camera footage to all be Paid by My Expense, which was to no Avail.

V. Exhaustion of Administrative Remedies/Administrative Procedures

The Prison Litigation Reform Act ("PLRA") 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies.

- A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

☒ Yes

☐ No

If yes, name the jail, prison or other correctional facility where you were confined at the time of the events giving rise to your claim(s):

Jefferson County Jail

- B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

☒ Yes

☐ No

☐ Do not know

- C. If yes, does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claims?

☒ Yes

☐ No

☐ Do not know

If yes, which claim(s)?

Where I was Assaulted by Corrections officer Adams in a Suicide
Camera cell and right outside of that suicide Camera cell,
Where I Aspire for copies of the photos taken by Corporal and a copy of the
Camera footage on a Flash Drive to be Paid by MY Expense.

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose concerning the facts relating to this complaint?

☒ Yes ☐ No

If no, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

☐ Yes ☐ No

E. If you did file a grievance:

1. Where did you file the grievance?

Jefferson County Jail

2. What did you claim in your grievance? (Attach a copy of your grievance, if available) That I was Assaulted by Corrections officer Adams.

To have copies of photos taken by a Corporal and copy of camera
footage on a flash drive to be Paid by MY Expense

3. What was the result, if any? (Attach a copy of any written response to your grievance, if available)

The Jail Administration Staff Refused to tell me the
Results

4. What steps, if any, did you take to appeal that decision? Is the grievance process completed? If not, explain why not. (*Describe all efforts to appeal to the highest level of the grievance process.*)

There was no Appeal Process that I was aware of.
As Far as I'm aware the Grievance Process is
Completed.

- F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here:

2. If you did not file a grievance but you did inform officials of your claim, state who you informed, when and how, and their response, if any:

- G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

(Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.)

VI. Previous Lawsuits

The “three strikes rule” bars a prisoner from bringing a civil action or an appeal in federal court without paying the filing fee if that prisoner has “on three or more prior occasions, while incarcerated or detained in any facility, brought an action or appeal in a court of the United States that was dismissed on the grounds that it is frivolous, malicious, or fails to state a claim upon which relief may be granted, unless the prisoner is under imminent danger of serious physical injury.” 28 U.S.C. § 1915(g).

- A. To the best of your knowledge, have you ever had a case dismissed on the basis of this “three strikes rule”?

☐ Yes ☒ No

If yes, state which court dismissed your case and when it was dismissed. Attach a copy of the court’s order, if possible.

Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

☐ Yes ☒ No

- B. If your answer to A is yes, describe each lawsuit by answering questions 1 through 7 below. (*If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.*)

1. Parties to the previous lawsuit

Plaintiff _____

Defendant(s) _____

2. Court (*if federal court, name the district; if state court, name the state and county*)

3. Docket or case number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending?

☐ Yes

☐ No (If no, give the approximate date of disposition): _____

7. What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)

C. Have you filed other lawsuits in state or federal court otherwise relating to the conditions of your imprisonment?

☐ Yes

☒ No

D. If your answer to C is yes, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)

1. Parties to the previous lawsuit

Plaintiff _____

Defendant(s) _____

2. Court (if federal court, name the district; if state court, name the state and county)

3. Docket or case number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending?

☐ Yes

☐ No (If no, give the approximate date of disposition): _____

7. What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)

VII. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 22nd day of October, 20 21.

Signature of Plaintiff


